

INVITATION FOR PUBLIC COMMENT

Substance Abuse Prevention and Treatment State Plan 2011-2013

Background

Pursuant to 42 USC 300X-51, the Arkansas Department of Human Services, Division of Behavioral Health Services, Office of Alcohol and Drug Abuse Prevention (OADAP) invites public comment on the development of the FY 2011-2013 Substance Abuse Prevention and Treatment (SAPT) State Plan to be submitted with the State's FY 2011 SAPT Block Grant Application that is to be completed by September 30, 2010. The SAPT State Plan specifies the methods used to assess the need for treatment and prevention programs for alcohol and other drug abuse.

Substance Abuse Treatment and Prevention Planning Efforts

The State Office of Alcohol and Drug Abuse Prevention (OADAP) is an office within the Arkansas Department of Human Services Division of Behavioral Health Services. OADAP has divided the 75 counties within the state into 13 sub-State planning areas where funding is distributed to address substance abuse prevention and treatment. Below is a listing of the 13 sub-State (catchment) areas.

OADAP Catchment Areas

- 1 Benton, Carroll, Washington, Madison
- 2 Boone, Marion, Baxter, Newton, Searcy
- 3 Fulton, Izard, Sharp, Stone, Independence, Van Buren, Cleburne, Jackson, White, Woodruff
- 4 Randolph, Clay, Lawrence, Greene, Craighead, Mississippi, Poinsett
- 5 Crawford, Franklin, Sebastian, Logan, Scott, Polk 6 Johnson, Pope, Conway, Yell, Perry
- 6 Johnson, Pope, Conway, Yell, Perry
- 7 Cross, Crittenden, St. Francis, Lee, Monroe, Phillips
- 8 Montgomery, Garland, Hot Spring, Pike, Clark
- 9 Prairie, Lonoke, Pulaski, Saline
- 10 Howard, Sevier, Hempstead, Little River, Lafayette, Miller

- 11 Dallas, Nevada, Ouachita, Calhoun, Columbia, Union
- 12 Arkansas, Jefferson, Grant, Lincoln, Cleveland
- 13 Desha, Drew, Bradley, Ashley, Chicot

These sub-state planning areas were identified based on analysis of State Drug Task Force information on arrests and confiscations; incidence and prevalence data on AIDS, STDs, TB and Hepatitis; Arkansas State Crime Information Center data; Arkansas State Crime Lab drug analysis reports; and Arkansas census information. These data sources and others also are used for planning and determining which areas have the highest incidence, prevalence, and greatest need. OADAP attends monthly meetings with the Arkansas Nonprofit Treatment Providers Association (ANTPA) to discuss and explore sub-state abuse issues and trends. On a quarterly basis, OADAP hosts a meeting with all funded treatment providers for the sharing of information and the solicitation of input from its provider base.

For substance abuse treatment services, data collection efforts additionally include using the Alcohol/Drug Abuse Management Information System (ADMIS), which provides data on the frequency and duration of alcohol and drug treatment services, and a Drug And Alcohol Safety Education Program reporting system, which captures arrest and court disposition data on DWI (Driving While Intoxicated) separately for both alcohol and drug court-ordered treatment referrals. Also, OADAP maintains a continuously updated state-wide data system for treatment capacity, treatment service waiting list, and the provision of interim services for individuals awaiting admission to SAPT funded alcohol and drug treatment programs.

Data collection for prevention activities in Arkansas has traditionally included multiple combined efforts. The *Arkansas Prevention Needs Assessment*, APNA, is conducted annually and provides information from school districts throughout the State. Prevention Resource Centers, PRCs, and other prevention grantees are currently on-line with MDS-4 (Multiple Data Set), which is a process level evaluation computer program developed by the Center for Substance Abuse Prevention, CSAP. Both data collection systems provide pertinent information used for planning and evaluation. Also used for prevention planning purposes is OADAP's *Archival of Risk Factors for Adolescent Drug and Alcohol Abuse in Arkansas*. *Risk Factors* is designed to be a tool for Arkansas' 13 PRCs and other prevention leaders to increase the effectiveness of regional, county, and community efforts to prevent the abuse of alcohol, tobacco, and other drugs. APNA student survey results, the *Archival Risk Factors*, and the annual SYNAR Report (a report on progress made in enforcing youth tobacco access laws and future plans to reduce youth tobacco access rates) are all accessible through the Arkansas Department of Human Services web site.

The concerted analysis of the multiple data collection projects within OADAP for substance abuse treatment and prevention contribution to the decision-making

processes carried out by the Single State Authority (SSA). As data reports are made available, the OADAP Executive Staff assess its impact on the state, and subsequent procurement of contracts and requests for application for grants are released to establish community based provider networks that will program that address the data-driven areas of need.

Another factor in OADAP programmatic decision-making takes place annually in the spring when every funded provider must complete a continuing application packet (CAP) that documents their progress toward defined performance expectations and outcomes. Failure to comply in an acceptable manner may result in the enforcement of a corrective action plan or the loss of funding. Specific details concerning acceptable performance are detailed in the OADAP Rules of Practice and Procedure. A copy is available online (<http://www.arkansas.gov/dhs/dmhs/Rules%20of%20Practice%20%20Procedure-July%202009%20Edition.pdf>).

Funded treatment and prevention providers are required defend their CAP in person by meeting before OADAP's advisory council, the Arkansas Alcohol and Drug Abuse Coordinating Council (the Council), which is responsible for oversight of distributing funding. The Council is a twenty-seven (27) member panel appointed by the Governor, which meets monthly to provide input and approval on issues relating to substance abuse provider grants and contracts.

Future Data Collection

As a result of the CSAP funded Strategic Prevention Framework (SPF) State Incentive Grant (SIG), Arkansas will continue to place emphasis on the importance of two crucial elements involved in planning prevention efforts, namely the 5 Step SPF process itself and the use of the State Epidemiological Workgroup (SEW) that was established by the SPF funds. The core SEW team has been comprised of representatives from OADAP; the Arkansas Foundation for Medical Care, the contractor for the *Archival Risk Factors*; the University of Arkansas for Medical Sciences, the contractor responsible for SEW activities; the Arkansas Commission on Domestic Violence and Child Rape, and the Arkansas Department of Health. This core group reviews and analyzes data retrieved from an array of sources and identifies the primary areas of need at the State and local levels. Arkansas will continue to build collaborative relationships with other State agencies and organizations to promote a seamless service delivery system. Based on information derived from needs assessments and local level capacity, Arkansas will plan prevention and treatment programming that will best address State needs while allowing local providers the opportunity to address community needs.

OADAP will maintain SEW activities utilizing SAPT funding during the 3-year planning cycle and will not only include components that have historically targeted prevention, but the SEW's scope of work will be expanded to address substance abuse treatment. OADAP will recruit additional State agencies for representation on the workgroup and Arkansas will persevere to utilize quantitative and qualitative data to determine the allocation of funding to address areas of greatest need throughout the state.

OADAP 2011 - 2013 Priorities

- 1) Require providers to adopt evidence based practices (EBPs) with focus on quality, outcomes and implementation with fidelity
- 2) Increase Juvenile drug courts contingent on the availability of funding
- 3) Increase the capacity of community based organizations/coalitions to provide population based services through training, technical assistance, and support from Regional Prevention Resource Centers
- 4) Provision of technical assistance and training to treatment providers to assist with their becoming a SATS (substance abuse treatment services) program and nationally accredited
 - SATS provide outpatient services to adolescents and pregnant or 60 days post partum women
- 5) Continue the SEW (State Epidemiological Workgroup) and increase the scope of work to include treatment and education
- 6) Expand the Arkansas Problem Gambling Program to include national certification of counselors, development of an AR Council on Problem Gambling, and development of educational/awareness programs
- 7) Provide training and technical assistance to the AR Alcohol and Drug Coordinating Council to help plan, study, approve, and implement Arkansas' SAPT Block Grant Application
- 8) Information dissemination to Prevention and Treatment providers and other community based programs concerning Health Care Reform and the Mental Health and Addiction Parity Act
- 9) Obtain state funding to expand prevention efforts
- 10) Draft legislation to augment and enhance services for repeat impaired driver offenders
- 11) Collaboration with the DBHS Systems of Care for coordinating community based services for individuals and families
- 12) Enforce performance based standards for professional services contracts